| | | | | | | Application or Docket Number | | | | | |
|--|--|---------------|---------------------------------|------------------|------------|------------------------------|----------------|----------------|-----------------|---------------|--|
| PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 | | | | | | | | | | * | |
| CLAIMS AS FILED - PART I (Column 1) (Column 1) | | | | ımn 2) | SMALL | ENTITY | | OTHER | THAN | 1 | |
| TOTAL CLAIMS | | 19 | | 10 | | FEE | ОЯ Т | SMALL | | ł | |
| FOR | | NUMBER FR | | NUMBER EXTRA | | EE 355.00 | OR | | FEE | ł | |
| TOTAL CHARGEABLE CLAIMS | | /g minu: | s 20= ° | | | | | | 710.00 | 1 | |
| INDEPENDENT CLAIMS | | | is 3 = 1 | | X\$ 9= | | OR | X\$18= | | l | |
| MULT | IPLE DEPENDENT CLAIM P | RESENT | | | X40= | | OR | X80= | | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | +135= | - | OR | +270= | | | | |
| 1.1 | | | | | | - 355 | OR | TOTAL | 7 | Į | |
| 10/1/03 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | LENTITY | OR | OTHER SMALL | | -0 | |
| ∢. | CLAIMS REMAINING | 1 1 | HIGHEST NUMBER | PRESENT | | ADDI- | 1 | | ADDI- | (7) | |
| EN | AFTER AMENDMENT | | PREVIOUSLY PAID FOR | - EXTRA | RATE | TIONAL FEE | | RATE | TIONAL FEE | | |
| AMENDMENT | stat • S | euniM | - 20 | - 0 | X\$ 9= | | OR | X\$18= | 1 | V.A | |
| AME | dependent • | | <u> </u> | = 1 | X40= | 1 / | OR | X80= | - / | | |
| 1 1 | RST PRESENTATION OF MI | JETIPLE DEPE | NDENT CLAIM | | +135= | 1/ | | +270= | | (3 | |
| 10/26/04 | | | | | TOTA | / | OR OR | TOTAL | | ខំបា | |
| 10/c | (Column 1) | (Column 3) | ADDIT. FEE | | | | | | | | |
| m . | CLAIMS | HIGH | (Column 2) HIGHEST NUMBER | PRESENT | | ADDI- | | | ADDI- | $\frac{1}{2}$ | |
| ENT | AFTER AMENDMENT | | PREVIOUSLY PAID FOR | EXTRA | RATE | TIONAL | | -RATE | TIONAL FEE | | |
| AMENDMENT B | tal · F | Minus . | .20 | - 0 | X\$ 9= | 1 | OR | X\$18= | , | | |
| IX IX | dependent • 1 | | -3 | -54 | X40= | 1 | OR | X80= | | | |
| FIF | AST PRESENTATION OF MU | ILTIPLE DEPEN | DENT CLAIM | | 105 | 1/- | | | / | | |
| | | _ | | | +135= | # | OR | +270= TOTAL | · · | - | |
| | | | | | ADDIT. FEI | | OR | ADDIT. FEE | • | | |
| | (Column 1) CLAIMS | | (Column 2) HIGHEST | (Column 3) | | 1 4001 | | | 4001 | | |
| N N | REMAINING AFTER | | NUMBER PREVIOUSLY | PRESENT EXTRA | RATE | ADDI- TIONAL | | RATE | ADDI- TIONAL | | |
| AMENDMENT | AMENDMENT. | Minus • | · 20 | = | X\$ 9= | FEE | | V\$10 | FEE | | |
| Ind | lependent - / | Minus - | | | <u> </u> | - | OR | X\$18= | | l | |
| FIF | AST PRESENTATION OF ML | ILTIPLE DEPEN | NDENT CLAIM | | X40= | ļ | OR | X80= | · | l | |
| +135= OR +270= | | | | | | | | | | | |
| " If the | If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" in THIS SPACE is less than 20, enter "20." ADDIT. FEE TOTAL ADDIT. FEE ADDIT. FEE | | | | | | | | | | |
| The | "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | |